

Name: _____	Date: _____
Employee ID #: _____	Work Location: _____
Address: _____	Phone #: _____
Subject Reviewed/Course Attended: _____	
Author or Instructor: _____	
Date Reviewed: _____	Hours: _____

[illegible]

Employee Signature	Date		Supervisor Signature	Date	<input type="checkbox"/> yes	<input type="checkbox"/> no
Personnel Officer <i>(If applicable)</i>	Date	<input type="checkbox"/> yes <input type="checkbox"/> no	Training Officer Signature	Date	<input type="checkbox"/> yes	<input type="checkbox"/> no

If this independent study report is part of a personnel issue please submit the form to Personnel for approval before returning the form to the Training Bureau. If you have any questions please call (406) 846-1320 ext. 2307.